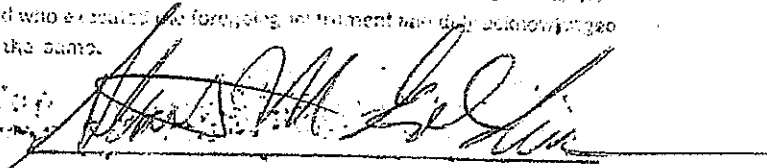


I, Maureen Julien, give permission to Carol  
Ackerson to have guardianship of my son

Robert while he attends school in her area.  
guardianship belongs to Bright Massey and  
Carol Ackerson, Miss Maureen Julien

STATE OF NEW YORK  
COUNTY OF Kings } SS:

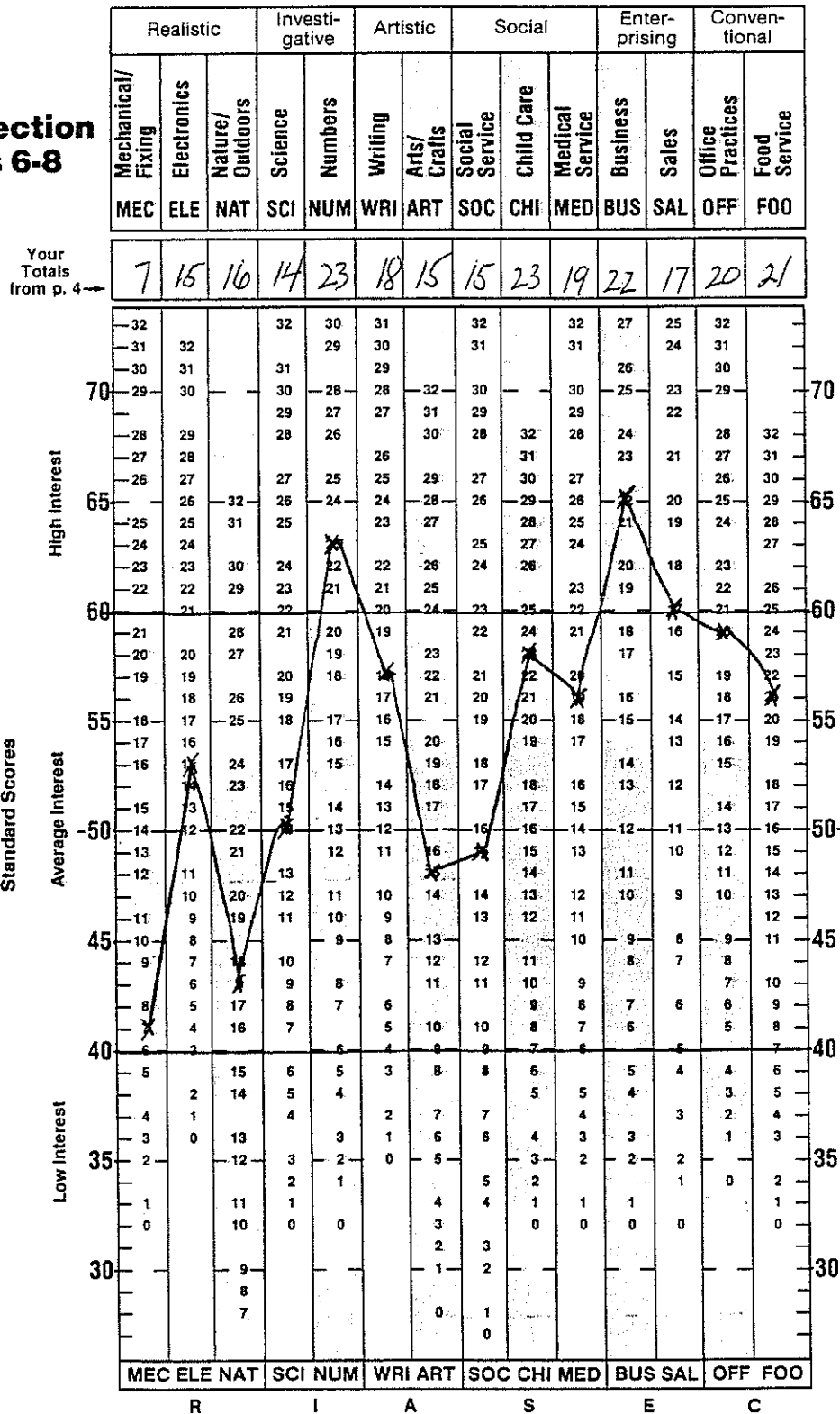
On this 23 day of April, 1998, I, the undersigned,  
appeared Maureen Julien to me known and known to me to be  
the individual described in and who executed the foregoing instrument and did acknowledge  
to me that he executed the same.



STUART M. GOLDMAN  
Notary Public, State of New York  
No. 24-4715064 "Qual. in Kings County"  
Commission Expires March 30, 2002

Name Robert Lawrence Sex M Today's Date 11/25/86  
 (print)  
 School IS 320 Your Grade 7 Your Age 13  
 6, 7, or 8

**Profile Section  
 Grades 6-8**



Go on to page 8

NAME Lawrence Robert DATE 11/25/86  
 (Last) (First)  
 ADDRESS 543 21<sup>st</sup> Apt D2 Date of Birth 12/9/73  
 City Brooklyn State N.Y. Zip Code 11216 School 320  
 Phone (Area Code) 495-0204 Class 794  
 Social Security Yes # 103-104-4045 No Room 206B

1) Do you have any brothers or sisters? Yes ☒ No ☐

2) What is your favorite sport? Football

Do you watch this sport? ☒

Yes

No

Do you play this sport? ☒

Yes

No

3) Have you ever had a job? ☒

Yes

No

If yes, please describe: \_\_\_\_\_

4) When you graduate from school (high school or college), what kind of work would you like to do?

I want to be a football player.

Have you done this type of work before? ☒

Yes

No

5) What are your hobbies? (things you do when not in school) football

6) What do you like to read? Books \_\_\_\_\_ Magazines \_\_\_\_\_ Newspapers \_\_\_\_\_

Comic Books ☒

T.V. Guide \_\_\_\_\_

Catalog (Sears) \_\_\_\_\_

7) What is your favorite school subject? Reading

8) What are your responsibilities at home? the bathroom

9) List at least 1 positive thing about yourself: I'm brave

10) List 1 thing you want to change about yourself: My hair

110 Livingston Street, Brooklyn, New York, 11201

ADMISSION FORM FOR NEW ENTRANTS

(To be filled out in advance by the parent, PLEASE PRINT)

FOR SCHOOL USE ONLY #109  
Date of Registration .....  
Date of Admission ..... K.C. 12  
Admitted to Class ..... 9/22/78  
Room .....  
Teacher.....

To School No. P152 K .....  
Name ROBERT JULIEN ..... Sex M ☒ F ☐ Date of Birth 12 9 73  
Last First Middle Mo. Day Year  
Place of Birth New York ..... Proof of Age: (Check One) Birth Certificate ☐ Number .....  
Baptismal ☐ Other Proof ☐ 156-73-335737  
Date of Vaccination .....  
Date of Immunization Against Diphtheria ..... Against Polio .....  
Did your child attend a child health station? ..... When? .....  
Do you wish the school doctor to examine your child? Yes..... No .....  
Father's Full Name Robert Lawrence ..... Birthplace N.C. Deceased ☐ Year .....  
Mother's Full Name Marie Manner ..... Birthplace Tennessee Deceased ☐ Year .....  
Name of person with whom pupil lives if other than both parents Emma Gammell Relationship Only Sister  
Language spoken in home English ..... Placement agency, if any .....  
How many older brothers? None How many older sisters? ..... How many younger brothers? ..... How many younger sisters? .....  
Address 618 E 21st St Brooklyn 11226 NY 1 8  
Number Street Borough Zone Floor Apartment Private House  
Home Telephone No. 693-7314 ..... Business Telephone No. None .....  
Did your child attend a pre-kindergarten class? yes Where? PS 398 .....  
Name and Address of previous school, if any ..... Last Grade Completed .....  
Person to contact if parent is not available Emma Gammell Relationship Sister  
2107 Bevel Rd. 10 693-7314  
Address Name Apartment Telephone No.

25-0250.00.4 (1400 PKGS.) 5/74

2nd Request Date 1/4/90

To Whom It May Concern:

Robert Lawrence Julien, D.O.B. 12/9/73, Grade 11 has enrolled in our school. Please forward all records including courses, grades (including current grade and grading code), attendance, standardized test scores, health records, and special education information (if applicable).

At the secondary level, please include credits earned, competency results (where applicable), and any other pertinent information. Thank you for your cooperation.

DISCH. Please send to: School Henninger High School  
REASON 1/8/90 Address 600 Robinson Street  
DATE 1/8/90 Attention Syracuse, New York 13206

GUIDANCE DEPARTMENT

BORO <i>K</i>	DISTRICT <i>22</i>	SCHOOL NO. <i>152</i>	GRADE <i>4</i>	CLASS <i>208</i>	ROOM	N.Y.C. STUDENT ID. NO. <i>201-090-683</i>	
STUDENT NAME (LAST, FIRST, M.I.) <i>Lawrence Robert</i>						SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE <i>12/9/13</i>
PRESENT ADDRESS <i>618 E. 21 St.</i>			APT/FLOOR		BORO <i>K</i>	ZIP CODE	
PARENT NAME <i>Maurice Jenkins</i>						TEL. NO.	
ADM. CODE <input checked="" type="checkbox"/>	EFFECTIVE DATE <i>2/15/14</i>	PREVIOUS BORO/DIST./SCH. NO. <i>152 138K</i>		ADMIT DOC. NO.	RDG. GRADE	TEST DATE	
PREVIOUS ADDRESS <i>(re-admit)</i>			APT/FLOOR		BORO	ZIP CODE	
DISCH. CODE <input type="checkbox"/>	EFFECTIVE DATE	NEW BORO/DIST./SCH. NO.		DISCH. DOC. NO.	RDG. GRADE	TEST DATE	
NEW ADDRESS			APT/FLOOR		BORO	ZIP CODE	
<input type="checkbox"/> INTER-CLASS/ INTER-GRADE TRANSFER		EFFECTIVE DATE	PREVIOUS GRADE/CLASS/ROOM		COMMENTS		
SIGNATURE <i>R. Campbell</i>							

OF ADMISSION/DISCHARGE/TRANSFER, Form OSIS-101 (9/83) N.Y.C. Board of Education

GUIDANCE

BOARD OF EDUCATION OF THE CITY OF NEW YORK  
110 LIVINGSTON STREET, BROOKLYN, N.Y. 11201  
DIVISION OF SPECIAL EDUCATION

OSIS # 201-090.6DATA BANK # A 2128775DATE OF PHASE I CONFERENCE 3/10/88

## INDIVIDUALIZED EDUCATION PROGRAM — PHASE I

Student's Name (last) Lawrence (first) Robert DOB 12/17/73 Sex M  
Address 618 E 21<sup>st</sup> St Apt \_\_\_\_\_  
Brooklyn N.Y. Zip Code 11226 Home District \_\_\_\_\_  
Name of Parent/Guardian Maureen Julien  
Language of notices and conferences English  
Home Phone 693 0738 Business Phone \_\_\_\_\_  
Language(s) student speaks English  
Special Alerts none

## RECOMMENDATIONS

Classification Learning Disabled  
Program(s) (e.g., special class, related services, etc.) Special Class and Related Services  
Service Category (Specify language if service is bilingual e.g., bilingual counseling - Spanish) Modified Instructional Services II

Resource Room: \_\_\_\_\_ Days per week \_\_\_\_\_ Periods per day \_\_\_\_\_  
Class Size and Staffing 12/1/1 Projected Date of Initiation of Service on going

## RELATED SERVICES RECOMMENDED BY SBST/CSE (If none, so indicate)

Services(s) Recommended	Sessions Per Week	Minutes Per Session	Maximum Group Size
<u>0</u>	<u>1</u>	<u>40</u>	<u>5</u>

## TRANSPORTATION REQUIRED (Check if required)

☐ Special transportation—Specify: \_\_\_\_\_

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 High School Equivalency Program  
 Albany, New York 12234

91-B-0903

# HIGH SCHOOL EQUIVALENCY DIPLOMA TRANSCRIPT

A High School Equivalency Diploma is awarded by the New York State Education Department to any candidate who meets the requirements listed on the reverse side of this form. The test scores that enabled you to qualify for a New York State High School Equivalency Diploma are listed below. Your diploma number and the date that it was issued are provided below at the right.

Name of Test	Test No.	Test Score
Writing Skills	1	41
Social Studies	2	51
Science	3	47
Interpreting Literature & the Arts	4	46
Mathematics	5	44
Total		227

Diploma No. 96L059726  
 Date Issued 08/05/97  
 ID Number 803-000129510  
 Date of Birth 12/09/73

ROBERT LAWRENCE

BOX 500

ELMIRA

NY 14902

The  
 University of the  
 Education  
 State of New York  
 Department

Be it known that

ROBERT LAWRENCE

having satisfactorily completed the requirements prescribed by  
 the Commissioner of Education is thereby entitled to this

## High School Equivalency Diploma

In Witness Whereof the Regents issue this diploma  
 under seal of the University at Albany in

AUGUST 1997

*Richard P. Mills*  
 President of the University  
 and Commissioner of Education

L059726

State of New York - Department of Correctional Services

# Food Service Training

ROBERT LAWRENCE

*has successfully completed the*

*16 week training program in*

*Food Handling and Sanitation Practices*

ELMIRA

*Facility*

*James M. Smith*  
Superintendent

*Howard Jean*  
Director of Nutritional Services

*Instructor, Vocational*

*John J. Jute*  
Instructor, Food Service

4/96

*Date of Completion*

Handwritten: *See  
Hansen*

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES



# Certificate of Merit



THIS IS TO CERTIFY THAT

Robert Lawrence 91B0903

Has successfully completed a 32 hour course in  
Basic Legal Research and Law Library Management

At Clinton Correctional Facility

issued this 10th day of June, 2007

*[Signature]*  
DOCS' Law Library Coordinator

*[Signature]*  
Superintendent

FORM 3250 (2/94)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

## INMATE PROGRESS REPORT

Correctional Facility clinton Name of Program Law Library Main  
 Name Robert Lawrence Din # 91B0903 Housing Unit B-3-20 Date 3/25/02

(Check one)

PAY INCREASE \_\_\_\_\_

PAY DECREASE \_\_\_\_\_

GENERAL EVALUATION ✓

FINAL EVALUATION \_\_\_\_\_

READING LEVEL 12<sup>+</sup>GED OR H. S. DIP. YES ✓ NO \_\_\_\_\_DATE ENTERED PROGRAM N/APAY ITEM NUMBER 633311

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
ATTENDANCE/PUNCTUALITY			✓		
INTEREST IN PROGRAM ASSIGNMENT		✓			
EFFORT AND INITIATIVE		✓			
ATTITUDE TOWARD PEERS			✓		
ATTITUDE TOWARD AUTHORITY FIGURES			✓		
FOLLOWS RULES AND SAFETY PRACTICES			✓		
ABILITY TO FOLLOW DIRECTIONS		✓			
QUALITY OF WORK		✓			
DISPLAYS SELF CONTROL			✓		
DEPENDABILITY		✓			
APTITUDE/EMPLOYABILITY		✓			

Explain inmate's accomplishments while in your program or work detail:

Inmate Lawrence has learned many facets of the Law Library operation and has performed all tasks asked of him in an above Satisfactory manner.

List job titles or special skills acquired:

Inmate Lawrence is currently responsible for the delivery and pick-up of Law Books and materials to inmates who are on keep-lock status. He will often assist as well with other

General comments: responsibilities such as book counter or assisting inmate patrons with general Legal Research.

Inmate Lawrence is a hard work who should continue to excel in the manner he is going.

Inmate's Signature

Employee's Signature

Title

Date

STATE OF NEW YORK

DEPARTMENT OF CORRECTIONAL SERVICES

GREAT MEADOW CORRECTIONAL FACILITY

## APPROVAL FORM FOR DISBURSEMENTS IN EXCESS OF \$100.00

Inmate name Laurence Robert DIN 9130903 Date 5-20-05Recipient name Manson Peters Address 1416 Brooklyn Ave Apt 3-D  
Brooklyn NY 11210.Disbursement amount \$12,358.56Is the inmate the author of this disbursement form? Yes ☒ No ☐Is it of his own free will, or as a result of compulsion in any form? free willThe relation of the recipient to the inmate? motherThe length of this relationship, if "friend". N/AHow did the inmate come to know this friend? N/AHas this "friend" ever corresponded with the inmate in any manner? N/AIf the recipient is a relative, in what manner are they related? mother/sonHas the "relative" corresponded with the inmate in any manner? yesAre any of these relationships verifiable? yesThe reason for the disbursements? wants her to have itIs the disbursement in consideration of any service performed within the correctional facility in any manner, either by another inmate or staff? noCan this be verified? N/AWas all of the above information verified? Yes ☒ NO ☐Any other information as would seem appropriate. no

Comments \_\_\_\_\_

Counselor: recommend approval ☒ disapproval ☐ Comments \_\_\_\_\_Administrative/Housing Lieutenant: approval ☒ disapproval ☐

Comments \_\_\_\_\_

Lieutenant [Signature]

Signature

Counselor [Signature]

Signature

COUNTY Washington  
CITY/TOWN Fort Ann  
DISTRICT NUMBER 5754  
REGISTER NUMBER

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
AFFIDAVIT, LICENSE and  
CERTIFICATE OF  
MARRIAGE

STATE FILE NUMBER  
(THIS SPACE FOR STATE USE ONLY)

☐ SUPPLEMENTAL FILE

IS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT  
SPEC: Sample bride

BRIDE/GROOM/SPOUSE

1. A. FULL NAME Robert Lawrence, Jr.  
FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT Same  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) Same  
D. SOCIAL SECURITY NUMBER 240 64 1417

2. RESIDENCE A. NY B. Wash.  
(STATE) (COUNTY)  
C. CHECK ONE AND SPECIFY CITY ☐ TOWN ☐ VILLAGE ☐ Hamlet  
D. STREET ADDRESS 1137 St. NY 22 ZIP 12827  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES ☐ NO ☒

3. A. AGE 38 B. DATE OF BIRTH 12/9/73 C. SEX (OPTIONAL) M  
MM/DD/YYYY

4. EMPLOYMENT  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS

5. PLACE OF BIRTH Brooklyn, NY  
(CITY, STATE / COUNTRY, IF NOT USA)

6. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Bobby Lawrence  
B. COUNTRY OF BIRTH USA

7. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Maureen Julien  
B. COUNTRY OF BIRTH Trinidad

8. NUMBER OF THIS MARRIAGE 1

9. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE: CIVIL ANNULMENT: DEATH:

B. HOW DID LAST MARRIAGE END? DIVORCE ☐ (3) ANNULMENT ☐ (3) DEATH ☐ (2)

C. DATE LAST MARRIAGE ENDED? MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST ☐ ☐  
2ND ☐ ☐  
3RD ☐ ☐  
4TH ☐ ☐

BRIDE/GROOM/SPOUSE

11. A. FULL NAME Gwendolyn Morrow  
FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT Morrow  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE) Gwendolyn Morrow Lawrence  
D. SOCIAL SECURITY NUMBER 246 55 1087

12. RESIDENCE A. NY B. Oneida Co.  
(STATE) (COUNTY)  
C. CHECK ONE AND SPECIFY CITY ☐ TOWN ☐ VILLAGE ☐ Surprise  
D. STREET ADDRESS POB 387 ZIP 13205  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? YES ☐ NO ☒

13. A. AGE 40 B. DATE OF BIRTH 9/13/71 C. SEX (OPTIONAL) F  
MM/DD/YYYY

14. EMPLOYMENT  
A. USUAL OCCUPATION Stirile Supply Tech.  
B. TYPE OF INDUSTRY OR BUSINESS

15. PLACE OF BIRTH Trenton, NJ  
(CITY, STATE / COUNTRY, IF NOT USA)

16. FATHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Unkown  
B. COUNTRY OF BIRTH

17. MOTHER OR PARENT  
A. NAME (OR MAIDEN NAME, IF APPLICABLE) Birthing Morrow  
B. COUNTRY OF BIRTH USA

18. NUMBER OF THIS MARRIAGE 1

19. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY  
DIVORCE: CIVIL ANNULMENT: DEATH:

B. HOW DID LAST MARRIAGE END? DIVORCE ☐ (3) ANNULMENT ☐ (3) DEATH ☐ (2)

C. DATE LAST MARRIAGE ENDED? MM/DD/YYYY

D. ARE ANY FORMER SPOUSE(S) ALIVE? YES ☐ NO ☐

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE

1ST ☐ ☐  
2ND ☐ ☐  
3RD ☐ ☐  
4TH ☐ ☐

I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE [Signature] 22. SIGNATURE [Signature]  
USE CURRENT NAME USE CURRENT NAME

23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME  
SIGNATURE OF TOWN OR CITY CLERK [Signature] DATE 04/06/12

This license authorizes the marriage in New York State of the parties named above by any person authorized by New York State Domestic Relations Law § 11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.  
☐ If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK  
NAME (PRINT) Mary Jane Bocksey  
SIGNATURE [Signature] DATE 04/06/12  
MAILING ADDRESS POB 314, Fort Ann, NY 12827  
STREET CITY/TOWN STATE ZIP

25. A. SOLEMNIZATION PERIOD BEGINS  
TIME MONTH DAY YEAR  
1:50 PM 04 07 12

25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:  
MONTH DAY YEAR  
06 05 12

I CERTIFY THAT I SOLEMNIZED THE MARRIAGE OF THE PARTIES NAMED ABOVE ON THE DATE AND AT THE TIME AND PLACE INDICATED.

26. SOLEMNIZATION OCCURRED  
TIME MONTH DAY YEAR  
1:15 PM 04 27 12

27. TYPE OF CEREMONY  
0 ☐ RELIGIOUS 1 ☒ CIVIL  
9 ☐ OTHER, SPECIFY

28. PLACE WHERE MARRIAGE OCCURRED  
A. STATE NEW YORK  
B. COUNTY WASHINGTON  
C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY) HAMLET  
CITY ☐ TOWN ☐ VILLAGE ☐  
OF (SPECIFY) Comstock NAME OF LOCALITY

29. OFFICIANT  
NAME (PRINT) Ruth M. Cartier Former TITLE Town Justice #1612  
SIGNATURE [Signature] DATE April 27, 2012  
MAILING ADDRESS 33 Cartier Lane, Fort Ann New York 12827  
STREET CITY/TOWN STATE ZIP


30. WITNESS TO CEREMONY  
NAME (PRINT) Raymond Walker  
SIGNATURE [Signature]

31. WITNESS TO CEREMONY  
NAME (PRINT) Serena Ogletree  
SIGNATURE [Signature]

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONAL SERVICES  
GREAT MEADOW CORRECTIONAL FACILITY

OFFICE OF FAMILY SERVICES

INTERDEPARTMENTAL COMMUNICATION

TO: S. Racette, Superintendent  
FROM: E. White, Family Services Coordinator   
DATE: May 4, 2012  
SUBJECT: MARRIAGE CEREMONY for LAWRENCE 91-B-0903

Please be advised that the above named inmate and GWENDOLYN MORROW of Syracuse, NY were married in the Small Visiting Room at Great Meadow Correctional Facility on April 27, 2012.

Ruth Cartier performed the ceremony. Mary Jane Godfrey, Fort Ann Town Clerk, issued the marriage license on April 7, 2012. Witnesses were Raymond Walker and Serena Ogletree.

Please annotate your records for the above-named inmate to read MARRIED.

I've always wanted to one day have another opportunity to convey my deepest sincere and heartfelt apologies to the family of Mr. Howard and all whom I hurt and caused pain through my thoughtless, reckless and unacceptable behavior. October 30th, 1990 is a moment in time I so badly wish I could take back, I will bear the guilt of my actions on that day for the rest of my life. Mr. Howard was a good man, I didn't know him personally but his occupation spoke volumes to his righteousness. Soon after being held responsible for Mr. Howard's death and sent to prison, I started realizing the impact and how much damage I caused. It was around this time I began seeing life differently, the best way to describe it, I was evolving into a remorseful compassionate adult. Gone was the reckless child who allowed himself to be so gullible and placed in high risk situations.

Past transgressions and the guilt associated keeps me humble, I'm in a place where I can not only reflect, but also have a mature understanding and healthier respect for life and what it takes to be a productive citizen in our great society. I make no excuses and accept full responsibility for my actions. I was a boy more than three hundred miles away from home who was easily influenced, I made a terrible mistake and unfortunately I may have to pay for it the rest of my life. Even more sad is in some sick way I once believed in the violent nature that I fell victim to. Thankfully my beliefs have changed, the journey to adulthood coupled with this lengthy incarceration helped me not only find myself, but defined myself. Prison is a cold, lonely, and bitter place, nobody's perfect, I've had my share of bumps and bruises during this incarceration. Importantly is the fact that violence or any type of aggression has never been a problem for me, I made a decision years ago to never let that person who harmed so many to ever exist again. I just consciously strive to do what's right, hopefully when all is said and

done my atonement for my sins will redeem me in the eyes of our Lord.

Neighborhoods I grew up in, bad generally outweighed the good, everything I knew and was exposed to basically contradicted what was acceptable in society. I mimicked and absorbed everything like a sponge, unavoidably gravitating toward the wrong. Unfortunately you name it, I either have direct experience concerning it or have witnessed it in some form or fashion. Most children faced with similar circumstances would travel down the wrong road too. I never asked to be brought up the way I did. One of a parents main responsibilities and obligations is to ensure that their children are decent human beings first and foremost, also in the process do what's necessary to protect them from dangerous situations and bad influences. Sadly my parents failed at both, as early as I could remember it was them who introduced me to violence from physical altercations with each other. Both of them had heavy addictions to drugs along with an unhealthy affiliation to the streets which for the most part left me susceptible to a cold world.

School was definitely a struggle, I got expelled more times than I could count. I felt like the streets provided me with everything I needed. I couldn't read nor write but I somehow convinced myself that school was obsolete. I understand now that I was a product of that environment, bad habits developed I didn't discard fast enough. I know I had a choice, the amount of pressure on such a young person can be too much especially when everything around them is not only acceptable, but common practice.

I'm extremely remorseful, I've grown into an individual who is compassionate and understands how precious life is. I ask for forgiveness and mercy, I pray that the court will allow me another opportunity to take

advantage of everything I once took for granted. I'm sorry for what I did, I'll continue to have a heavy heart. Again I apologize to all whom I've hurt and caused pain.